

REISSUE APPLICATION DECLARATION BY THE INVENTOR**Docket Number (Optional)****7404-571**

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,997,817, granted December 7, 1999 and for which a reissue patent is sought on the invention entitled ELECTROCHEMICAL BIOSENSOR TEST STRIP, the specification of which

☐ is attached hereto.

☒ was filed on October 23, 2003 as reissue application number 10/692,031 and was amended on April 19, 2007 and on May 2, 2007.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The error upon which this broadening reissue application is based is that the patentee failed to appreciate the feature of user visualization of a sufficient blood sample as denoted by the configuration of a solid, transparent or translucent viewing material on a test strip and a fill line on the test strip such that movement of a blood sample to the fill line indicates sufficient filling of the test strip could be claimed.

Claims 1-32 as issued include "A test strip...". The original patent is wholly or partly inoperative or invalid because claims 1-32 include this preamble directed generally to test strips involving color change, fluorescence, or other reaction indicators involving direct viewing of the test site.

Claims 1-32 as issued fail to include "a fill line...such that movement of the blood sample to the fill line indicates sufficient filling of the test strip for conducting a test" as Applicants currently claim. The original patent is wholly or partly inoperative or invalid because claims 1-32 do not include a fill line to indicate sufficient filling of the test strip.

The error upon which this reissue is based is that persons are being incorrectly named in an issued patent as the inventors and that such error arose without any deceptive intention on the part of the applicants.

[Page 1 of 3]

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

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All errors in the present reissue application up to the time of signing of this oath/declaration, or errors which are being corrected by a paper filed concurrently with this oath/declaration which correction of errors we have reviewed, arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB81.

Correspondence Address: Direct all communications about the application to:

☒ The address associated with Customer Number: 41577

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

William F. Crismore

Inventor's signature	Date
Residence Rome City, IN	Citizenship US

Mailing Address
468 Spring Beach Dr., Rome City, IN 46784

Full name of sole or second joint inventor (given name, family name)

Nigel Surridge

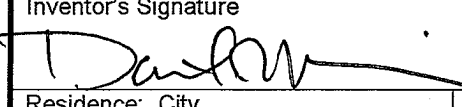
Inventor's signature	Date
Residence 857 Nevelle Lane, Carmel, IN 46032	Citizenship GB

Mailing Address
857 Nevelle Lane, Carmel, IN 46032

☒ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB02A or 02LR attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 1 of 1	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) Daniel R.		Family Name or Surname McMinn	
Inventor's Signature 		Date 17 OCT 2007	
Residence: City Alpharetta DANVILLE	State GA CA	Country USA	Citizenship US
Mailing Address 11795 Windereck Overlook 317 MOUNTAIN RIDGE DRIVE			
City Alpharetta DANVILLE	State GA CA	ZIP 30005 94506	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
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PTO/SB/02A (02-07)

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Full name of sole or first inventor (given name, family name)

William F. Crismore

Inventor's signature	Date
Residence Rome City, IN	Citizenship US
Mailing Address 468 Spring Beach Dr., Rome City, IN 46784	

Full name of sole or second joint inventor (given name, family name)

Nigel Surridge

Inventor's signature	Date
Residence 857 Nevelle Lane, Carmel, IN 46032	Citizenship GB
Mailing Address 857 Nevelle Lane, Carmel, IN 46032	

☒ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB02A or 02LR attached hereto.

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) Daniel R.		Family Name or Surname McMinn	
Inventor's Signature		Date	
Residence: City Alpharetta	State GA	Country USA	Citizenship US
Mailing Address 11795 Windcreek Overlook			
City Alpharetta	State GA	ZIP 30005	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
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